



Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Senior Care, Inc. #II	CHAPTER 100.1
Address: 711 Oneawa Street, Kailua, Hawaii 96734	Inspection Date: November 8, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-190.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 -</p> <ul style="list-style-type: none"> • "Ciprofloxacin 500mg tab 1 tab PO BID" listed on medication administration record (MAR) and initialed as given from 4/27/19 to 4/29/19. No physician's order available for review. • "Acetaminophen 325mg tab take 2 tabs by mouth every 6 hours as needed for pain (an or temp >100 degrees)" discontinued by physician on 9/20/19 however, still active on MAR from 9/20/19 until 10/1/19. • "Cyanocobalamin 2500 mcg CHEW one tab M W F" listed on admission orders, however, not initialed as given on MAR for the dates of 2/18/19, 2/20/19, 2/22/19, 2/25/19, and 2/27/19. • "Cyanocobalamin 2500 mcg CHEW one tab M W F" listed on orders received upon admission, however, MAR initialed as given daily for the dates of 6/1/19 through 6/30/19. • "Nitroglycerin (Nitrostat) 0.4 mg SL tab place 1 tab under tongue SEE ADMINISTRATION INSTRUCTIONS Max 3 doses in 15 mins if no relief call 911" listed on orders received upon admission. Discontinued by physician on 9/20/19, however, still active on MAR from 9/20/19 to 10/1/19. <p>Continued on next page....</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Obtained physician signature for Ciprofloxacin 500mg 1 tab PO BID and placed on client's chart on Resident #1</p> <p>Acetaminophen 325mg tab 2 tabs PO Q6hours PRN for pain was marked discontinued on MAR from 9/20/19 to 10/1/19 on Resident #1.</p> <p>Cyanocobalamin 2500mcg CHEW 1 tab M W F was initialed of MAR for dates February 18,20,25,27, 2019 for Resident #1.</p> <p>Cyanocobalamin 2500mcg CHEW 1 tab M W F , MAR was corrected from June 1, 2019 to June 30, 2019 on Resident #1.</p> <p>MAR was corrected by putting discontinued on Nitroglycerin 0.4mg SL tab place 1 tab under tongue from 9/20/2019 until 10/1/2019 on Resident #1.</p>	<p>11/9/2019</p> <p>11/8/2019</p> <p>11/8/2019</p> <p>11/8/2019</p> <p>11/8/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>Continued from previous page...</p> <ul style="list-style-type: none"> • "Senokot S 1 tablet BID PRN constipation" listed on orders received upon admission. Discontinued by physician on 9/20/19, however, still active on MAR from 9/20/19 to 10/1/19. 	<p>MAR was marked discontinued from 9/20/2019 to 10/1/19 on Senokot S 1 tab BID PRN constipation for Resident #1</p>	<p>11/8/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>		<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I will have my substitute caregiver check client's MAR on a daily basis and ^{copy it} make her notify me of any correction.</p>	<p align="center">11/8/2019</p>

Licensee's/Administrator's Signature: Norma Tenorio RN

Print Name: Norma Tenorio RN

Date: 12/27/2019

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